NATIONAL CLEARINGHOUSE
ON
TOBACCO AND HEALTH

FACT SHEET SERIES:

CHILDREN AND TOBACCO

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canadian council on smoking and health
conseil canadien sur le tabagisme et la santé

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Dear Colleague,

November, 1989

The National Clearinghouse on Tobacco and Health is pleased to provide you with our ***FACT SHEET SERIES ON CHILDREN AND TOBACCO***. The ***SERIES*** consists of twelve separate fact sheets:

No. 1: ***Pre-indicators & Profiles of Young Smokers***
No. 2: ***Trends in Smoking Behaviour***
No. 3: ***The Real Drug Problem***
No. 4: ***The Youngest Victims***
No. 5: ***Knowledge of Hazards***
No. 6: ***Prevention Programs and Networks***
No. 7: ***Cessation Programs and Networks***
No. 8: ***The Kids Market***
No. 9: ***Legislation in Canada - The Current Status***
No. 10: ***Legislation in Canada - What's Needed***
No. 11: ***Prevention through Taxation***
No. 12: ***International Legislative Action.***

While the kit as a whole is designed to provide a comprehensive overview, the individual fact sheets are self-contained and therefore some overlap may occur between topics. We encourage reproduction of this material for further distribution to colleagues or as resource material for projects and programs.

Production of the ***FACT SHEET SERIES ON CHILDREN AND TOBACCO*** has been a collaborative project based on the work of a number of prominent Canadian tobacco and health professionals and coordinated by the Clearinghouse. We are most grateful to our contributing authors, reviewers, and advisors. In particular, we wish to thank:

Dr. Tom Abernathy, Calgary Health Services
Dr. Alan Best, University of Waterloo
Mme Lise Blouin, Association pulmonaire du Québec
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Mr. Rob Cunningham, Canadian Cancer Society
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Dr. Roberta Ferrence, Addiction Research Foundation
Ms. Adair Heath, Canadian Cancer Society
Mr. Bill Howard, New Brunswick Department of Health and Community Services
Mr. Victor Lachance, Canadian Council on Smoking and Health
Dr. Linda Pederson, University of Western Ontario
Mr. John Seaborn, Calgary Health Services
Ms. Donna Sharkey, Health and Welfare Canada
Mr. David Sweanor, Non-Smokers' Rights Association
Dr. Don Wigle, Health and Welfare Canada

We hope you find this kit useful and would welcome any comments you might have in this regard.

Sincerely,

Brenda Wagman

Brenda Wagman, Director

National Clearinghouse on Tobacco and Health

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Children and Tobacco: Pre-indicators & Profiles of Young Smokers

Are certain subgroups of young people more likely to start and continue smoking than others?

From information available in Canada, the United States and Britain, certain characteristics have been found to be consistently related to smoking initiation. Information has been gathered from a number of sources and collected in a variety of ways, though, to date, no one study has measured all of the factors. The characteristics can be divided into four broad categories: 1. sociodemographic 2. environmental 3. psychosocial 4. other.

What are the sociodemographic characteristics?

As we would expect, the number of young smokers increases with age and/or grade in public and high school. While only a small proportion of students ages 9 to 11 report regular or occasional smoking (less than 5.0%), a dramatic increase occurs between the ages of 12-15 (over 20.0%).

The sex difference found in years past (ie. males being more likely to smoke than females) is no longer apparent in recent studies. In some age groups, in fact, females report more smoking than males.

Socioeconomic status has been found to be related to tobacco use in that lower socioeconomic groups are more likely to smoke. However, for young people lacking the financial resources required for regular smoking, the potential influence of socio-economic status would be relevant to their future decision to (or not to) smoke. Lower parental level of education has been found to be a predictor of smoking by their children.

What are the environmental characteristics?

One of the strongest predictors of smoking among young people is the prevalence of smoking in their peer group. If the young person's group of friends smokes, then he/she will also be likely to smoke. In fact, the first experiences with cigarettes are most likely to occur with friends.

Parental and sibling tobacco use is also a factor, with higher smoking levels found among young people whose parents smoke. In some studies it has been found that the mother's smoking, in particular, is related to sons and daughters becoming smokers.

Geography also plays a role in smoking prevalence in young people and this is probably related to social acceptability. The highest levels of smoking by young people reported to date are found in the Yukon and Northwest Territories followed by Québec (each over 30.0%) and the lowest levels reported in British Columbia (20.0%).

What are the psychosocial characteristics?

Many factors in this category have been found to be related to smoking by young people. Higher reported levels of stress, independence, rebelliousness, sensation seeking and risk-taking have been found to predict onset of smoking. Lower levels of self-esteem, academic aspirations and social support are other factors. Attitudes toward smoking and smokers as well as intentions to smoke have also been found to be related to whether or not a young person eventually becomes a smoker.

What other characteristics have been found to be related?

For young females, weight control has been given as a reason for smoking. For both sexes, lack of participation in physical activities has been found to be more common among adolescent smokers than non-smokers. Multiple drug users (those who use alcohol, cannabis, etc.) are also more likely to smoke.

Is the relative importance of these factors likely to be the same across developmental stages of becoming a regular smoker?

Probably not. For example, there is reason to believe that peer pressure is one of the most important factors initially, while psychosocial factors predominate at later stages.

Are we likely to have more detailed information on precursors of smoking for Canadian young people in the near future?

Yes. A national adolescent survey for Canadians aged ten to nineteen is currently being designed by the Health Promotion Directorate of Health and Welfare Canada. Many of the factors listed above will be included in this survey which will gather detailed information on the development of smoking and on why some young people who experiment with smoking become regular smokers while others do not.

Why is it important to have this information?

Having effective tobacco prevention and cessation programmes for youth is an important component of a comprehensive approach to reduce tobacco use in Canada. If we can identify which subgroups of young people are at greater risk of becoming smokers, then smoking prevention and cessation programmes can be designed specifically for these groups. While general programmes are likely to help establish a social climate conducive to preventing tobacco use by young people, programmes designed specifically for those at high risk are going to be more effective in working towards our goal of a new generation of non-smokers.

The National Clearinghouse on Tobacco and Health is administered by the Canadian Council on Smoking and Health and funded by Alberta Health, British Columbia Ministry of Health, Manitoba Health, New Brunswick Department of Health and Community Services, Newfoundland Department of Health, North West Territories Department of Health, Prince Edward Island Department of Health and Social Services, Gouvernement du Québec-Ministère de la Santé et des Services sociaux, Saskatchewan Health, Health and Welfare Canada, Canadian Cancer Society, Canadian Lung Association, Canadian Medical Association, Canadian Public Health Association, Heart and Stroke Foundation of Canada, Physicians for a Smoke-Free Canada.

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Children and Tobacco: Trends in Behaviour

Why do children use tobacco products?

Tobacco use by children is primarily a result of:

- peer group pressure and a desire for social acceptance.
- a desire to assert independence.
- a belief that smoking will contribute to weight control.
- a desire to appear adult.
- a desire to mimic role models.

Advertising and promotion by the tobacco industry reinforce and enhance these perceptions of tobacco use. Easy access to tobacco products contributes to early addiction to nicotine, another compelling reason why children continue to smoke.

When do children begin to smoke?

Among the 12-17 year olds surveyed by Gallop in 1986 for Health and Welfare Canada (Young People in Canada 1986), the average age reported for starting to smoke was 12 and almost all those who first tried smoking did so by age 16. The average age reported for beginning to smoke daily is 13, and 75% of those surveyed who admitted smoking said they had become regular smokers before age 17.

What are the consumption rates for Canadian youth?

The 1986 Young People in Canada Gallop survey, obtained the following results:

	... Total Population: Smokers and Non-Smokers ...				
Age Group	Daily Smoker	Previous Regular Smoker	Occasionally Smoke Now	Only Tried Smoking	Never Tried Smoking
	%	%	%	%	%
12-14 years	8	4	2	20	66
15-17 years	29	6	3	24	37
12-17 years	20	5	3	23	50

Among 12-17 year old daily smokers, the average per capita consumption reported is approximately 14 cigarettes a day. Of the daily smokers in this age group, 5% indicated that they smoked a package of 25 cigarettes or more a day. Smoking rates among girls and boys were roughly equal.

Have the number of young smokers declined over the past twenty years?

While the incidence of smoking among 15-19 year old boys fell by 50% between 1966 and 1986, there was only an 11% decline among 15-19 year old girls. In 1966 girls made up only 34% of smokers aged 15-19; today they comprise 50% of that group, and are now just as likely to smoke as boys.

Which youth are more likely to smoke?

Canadian children are more likely to smoke if they have dropped out of school, have poor grades, have part-time jobs while in school, come from single-parent or lower-income families, are less physically active, and/or have friends who smoke. French Canadian and Native adolescents are also more likely to smoke. As well, there is an extremely high correlation with the smoking status of parents: in households with two adult smokers, 33% of teens aged 15-19 smoke; with one adult smoker in the household the proportion drops to 21%; and with no adult smokers in the household, the percentage falls to 13%.

Where are youth likely to smoke?

The Young People in Canada survey found that among 12-29 year old daily smokers, 82% smoke at parties and 76% smoke when they are with friends.

What are young people's perceptions about their smoking behaviour?

Among 12 to 19 year old smokers, 78% have thought about whether or not they should be smoking, 8% have not thought about it, and 13% were uncertain. Asked whether they would like to stop smoking, 64% of the same group said yes, only 11% said no and 26% were uncertain.

Among all 12 to 19 year olds (both smokers and non-smokers) 17% believed that they would definitely or probably be smoking in 5 years time. Among the smokers, 44% believed that they would still be smoking in five years; among the non-smokers, only 3% felt they would be smoking in the future. Heavier smokers were more likely to predict a continued smoking behaviour.

Among all 12 to 19 year olds, 82% indicated that they would help a friend to quit smoking while 69% agreed that a person should not smoke around a younger person who might be influenced to start smoking. However, 40% of 12 to 19 year old smokers had offered cigarettes to non-smokers.

When asked to estimate the average number of Canadian teenagers who smoke, 12-29 year olds overestimated considerably. On average, the survey sample felt that 52% of teenagers were smokers, a perception almost 3 times more than the actual rate.

Why is smoking among youth of particular concern?

The younger a person starts to smoke, the more likely that person will remain a smoker, smoke more heavily, suffer from a tobacco-caused disease, and die prematurely. Also of concern is the strong correlation between tobacco use and the use of other drugs. Few Canadians start smoking after the age of 18. If smoking can be prevented during childhood and adolescence, it is unlikely that our youth will become adult smokers.

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Children and Tobacco: The Real Drug Problem

How big a problem is tobacco compared to other "drugs" and other potentially lethal risks?

At current death rates, for every 100,000 smokers now age 15 (half boys, half girls), the following deaths will occur before they reach age 70: car accidents - 1200, suicide - 900, murder -130, AIDS - 70, drug abuse - 10. However, diseases caused by tobacco will kill about 18,000 of these children before they reach age 70 - almost 8 times the total number of deaths due to car accidents, suicide, murder, AIDS and drug abuse all combined.

Why should adolescents be concerned about using tobacco products if the dangers appear to be far off in the future?

Tobacco is a powerfully addicting drug which is lethal when used as intended. As children who smoke grow older, they tend to smoke more cigarettes per day and to find it more difficult to quit smoking. And addiction seems to develop very quickly in young smokers. Regular cigarette smokers have great difficulty in quitting even when motivated to do so by respiratory and heart diseases. Relapse rates among smokers who have "quit" are high.

There is mixed evidence concerning the relationship between the number of years a person has smoked and their difficulty in quitting. While young smokers may be less addicted than longer-term smokers, adolescents may actually find stopping harder because their smoking is more strongly linked to social factors and they probably have less social support for quitting.

What other effects of tobacco use may be of concern to young people in the short term?

Tobacco use affects physical fitness. The lungs, heart and circulatory system serve to transport the large amounts of oxygen and energizing nutrients needed by muscles during exercise. Children who smoke have reduced air flow rates in their lungs compared to non-smokers. While smoking, the heart rate and blood pressure are elevated above their normal levels. Thus smoking has been compared to driving a car with one foot on the accelerator and the other on the brake - it forces the heart to do extra work (accelerator) while reducing the ability of the lungs to deliver the oxygen needed during exercise (brake).

Young women who smoke and use oral contraceptives have greatly increased risk of blood clots and strokes while those who smoke and become pregnant expose the fetus to the many highly toxic chemicals present in tobacco smoke. This results in greatly increased risks of premature births, low birth weights and associated complications which can result in brain damage for the newborn infant.

Young people, like many adults, may be unaware that cigarettes are the leading cause of fatal fires in Canada. In fact manufactured cigarettes are specially designed to continue to burn or smoulder when not being puffed. Another little known fact may also be of concern to an adolescent's future: it has been estimated that, in countries like Brazil, approximately 150 large trees are sacrificed to fire-cure just one acre of tobacco leaves.

Are there negative social consequences for young people who use tobacco products?

Tobacco use is becoming socially unacceptable. Non-smokers, at 70% of the population, are clearly the majority among adult Canadians. Surveys show that the majority of non-smokers object to the smell of tobacco smoke in the air or on their clothes and hair after being around smokers. Furthermore, non-smokers are increasingly concerned about the harmful effects of "second-hand" smoke on their health. Thus it is not surprising that a substantial proportion of non-smokers prefer to associate with other non-smokers.

Because of the known hazards of second-hand smoke, more and more employers in Canada are adopting smoking policies that disallow or restrict smoking in the workplace. In fact, it is becoming more common for a non-smoking status to be an advantage in competing for jobs.

What about smokeless tobacco - is chewing tobacco or snuff a "safe" alternative to smoking?

Smokeless tobacco contains nicotine and is therefore addictive. Users chew frequently to reduce nicotine withdrawal symptoms. They develop brown-stained teeth, bad breath, receding gums and tooth decay. Most seriously, they experience greatly increased risks of cancer of the mouth which often results in prolonged serious illness, painful suffering and death. These cancers are caused by powerful cancer-causing chemicals which are present in smokeless tobacco.

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Children and Tobacco: The Youngest Victims

What is environmental tobacco smoke (ETS)?

ETS is air pollution caused by the presence of tobacco smoke. The highest levels of ETS occur in homes and other indoor areas where smoking is permitted. Standard domestic and commercial ventilation systems cannot remove the hazard.

Is ETS harmful?

Yes. ETS contains over 50 cancer-causing substances and hundreds of other toxic chemicals. There is no known safe level of exposure to ETS. It can cause lung cancer in otherwise healthy non-smokers.

Are children affected by ETS?

Children exposed to ETS in their homes have increased risks of breathing problems (bronchitis, asthma attacks), ear infections and pneumonia. Babies are particularly at risk because of their developing lungs and airway passages. Existing health conditions such as childhood allergies and asthma can be seriously worsened in smoke-filled environments. It is also known that ETS affects a developing fetus in much the same way as if the expectant mother smoked herself.

How can children be protected from ETS?

The most important source of exposure to ETS for children is the presence of smokers in their homes. Therefore the best way to protect children from ETS is to ensure that their home is smoke-free. Similarly, transportation vehicles, daycares, nurseries and all school facilities must be smoke-free for effective protection.

How can homes be made smoke-free?

The only sure way to eliminate ETS from a home is to ensure that no one smokes indoors.

Do electronic air filters or other air "purifiers" eliminate ETS?

These devices can only eliminate a certain fraction of ETS several hours after all smoking ceases. As long as smoking continues, such devices cannot reduce ETS to safe levels. Any reduction that may occur will depend on the rate of smoking and the rate of ventilation with fresh air from outdoors.

How can parents know if their smoking is harming their children?

Tobacco smoke, as a product of tobacco combustion, is harmful to all people, including children. The obvious warning signs for children are coughing, wheezing, sore throats and ear infections. These symptoms can be caused by other factors but occur more frequently among children whose parents smoke.

Are there any long-term effects of ETS on children?

Lung problems caused by ETS in early life can extend into adult life. As well, there is some evidence that people whose parents smoked may have an increased risk of lung cancer.

Are children really "victims" of environmental tobacco smoke?

Over half of all fires in which children are killed are caused by careless smoking. Children whose parents smoke not only have increased risks of breathing problems and respiratory infections, they also are more likely to become smokers and experience serious health problems caused by tobacco use. Children have little or no means of protecting themselves from "involuntary smoking"; without protection, they truly are innocent victims of environmental tobacco smoke.

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Children and Tobacco: Knowledge of Risks

Are children knowledgable about the health hazards of using tobacco products?

We have limited information on the level of Canadian children's knowledge about the health risks related to tobacco use. To date, no comprehensive study has been undertaken to produce substantive data in this regard. However, it appears that young people have little understanding of the potential dangers associated with tobacco use in terms of the diseases tobacco can cause, the increased risk of getting these diseases, and the severity of the prognosis should they develop one of these diseases.

There is no certainty as to how well Canadian children and youth identify and assess tobacco use with the risks of:

- heart disease, specific cancers and specific respiratory diseases
- harm to non-smokers caused by second-hand smoke
- increased health dangers for female smokers taking birthcontrol pills
- alteration of reproductive functions
- harm to the fetus
- lowered life expectancy
- nicotine addiction.

Is further research in this area likely?

A limited number of surveys have been conducted to partially assess the level of knowledge among Canadian youth concerning the health consequences of tobacco use. A new adolescent smoking survey is scheduled to be conducted for Health and Welfare Canada in the spring of 1990 with results available around the end of that year. It is likely that this survey will provide some national-level information on Canadian children's knowledge of health risks related to long-term tobacco use as well as their perceptions about ability to quit, and the dangers of occasional smoking.

What about adult Canadians: as primary influencers and role models for children, are adults sufficiently informed about tobacco-related health risks?

Using a national sample of Canadians 18 years of age and older, Gallop conducted a survey on knowledge of the health hazards of smoking in October 1987 for the Canadian Cancer Society and the Heart and Stroke Foundation of Canada. The following highlights of the survey results demonstrate that millions of adult Canadians lack the knowledge necessary to provide accurate information or make informed decisions about tobacco use:

- Fully 90% of Canadian adults - 17 million - did not correctly identify cigarette smoking as our leading cause of deaths. For example, a total of 70% - 13 million - of those aged 18 and over incorrectly believed traffic accidents cause more deaths than smoking. In fact, smoking causes 35,000 premature deaths annually, compared to 4,000 annual deaths from traffic accidents.

- Almost 16 million Canadian adults (84%) did not recall that mouth cancer is caused by smoking.

- Heart disease is the single largest cause of deaths due to tobacco use yet 72% of adult Canadians - 13.6 million - did not identify heart attacks as a health hazard of smoking.

- Despite conclusive medical evidence that the vast majority of deaths from chronic lung disease are due to smoking, only 40% could identify emphysema and only 18% chronic bronchitis, as health hazards associated with smoking. This means 11.4 million adult Canadians did not know about the risk of emphysema, and 15,600,000 about chronic bronchitis.

- Smoking during pregnancy is a major risk factor for the developing child yet only 10% of adult Canadians could recall harm to the unborn as one of the hazards of smoking.

- Although Canadians tend to associate cigarette smoking with lung cancer, 16% - over 900,000 - smokers, are still unaware of this fact. Even though many Canadians do know the link exists, knowledge of the degree of risk is minimal. Eighty-seven percent of Canadians aged 18 and over - 16.5 million - either did not know or underestimated the percentage of lung cancer cases caused by cigarette smoking and 75% - 14.25 million - either did not know or underestimated the chance of a lung cancer victim dying of the disease. Eighty-five percent of lung cancers are caused by first-hand smoking and 90% of lung cancer patients will die from the disease.

- Canadians have a poor appreciation of the impact of quitting smoking on the risk of lung cancer and heart disease.

It is probably safe to conclude that if adults lack sufficient knowledge about tobacco-related health risks, it is likely that they are not in a position to provide complete or accurate information about tobacco use to their children.

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Children and Tobacco: Prevention Programs and Networks

How can we prevent children from using tobacco products?

Prevention strategies include educational and self-development programs, as well as public policy initiatives involving increased taxation, reduced access and legal restrictions. This fact sheet focuses on the resources available for prevention programs in educational and recreational settings.

Educational tobacco prevention programs for children most often include:
1) information on the social consequences and short-term physiological effects of tobacco use
2) information about social influences, such as peer group pressure, the family environment, and the media
3) development of self-esteem and coping skills including training in refusal skills and role modelling of resistance skills.

What tobacco prevention programs for children are available in Canada?

1) At the national level, four prevention programs have been developed and are available in both french and english:

SMOKE-FREE is produced jointly by The Canadian Cancer Society and Health and Welfare Canada. This program targets children aged 3 through 6 years in daycare and kindergarten settings. Preschoolers are guided through a variety of activities related to a lively and entertaining story featuring dragons and a dog. The objective of the program is to encourage a positive attitude towards being smoke-free. The program consists of a kit containing an audio cassette of the ***SMOKE-FREE*** song, a teacher's guide, activity materials, and pamphlets for parents. A short video can also be provided on request. ***SMOKE-FREE*** is available through local Cancer Societies free of charge.

THE PAL SMOKING PREVENTION PROGRAM, produced by Health and Welfare Canada, is based on peer-assisted learning and is designed to be used with 11 to 13 year old students. The program consists of 6 core lessons and 2 optional lessons scheduled over a three to four week period. No previous experience in smoking prevention education is necessary and only a minimum of teacher preparation is required. Utilizing group work and peer interaction, the program helps participants to understand why people start to smoke and provides training in refusal/resistance skills. The program can also involve parents; a master copy of a brochure for parents is included in each kit and a parent workshop on the issue of childhood smoking is offered by local Home and School or Parent-Teacher Associations. ***PAL*** can be ordered from the Canadian Government Publishing Centre, Ottawa, Canada K1A 0S9; Catalogue No. H39-101-1-1986-E (or -F for French version). Cost is $19.95 plus the cost of shipping and handling set at $1.90 for 1 kit, $2.75 for 2 or 3 kits, $5.30 for 4 to 10 kits, and 4% of value of order for more than 10 kits.

SMOKE-FREE SPACES FOR KIDS, developed by the Heart and Stroke Foundation of Canada, offers incentives to schools and community groups to keep the spaces where children work and play smoke-free. This program promotes non-smoking as the norm. By promoting smoke-free environments and positive role models, ***SMOKE-FREE SPACES FOR KIDS*** complements and reinforces other smoking prevention programs. Information about ***SMOKE-FREE SPACES FOR KIDS*** can be obtained through the provincial Heart and Stroke Foundations.

YOUTH GROUP GUIDE - A SMOKING PREVENTION ACTIVITY GUIDE FOR YOUTH GROUP LEADERS is a manual produced by Health and Welfare Canada for community groups that involve 12 to 17 year old adolescents. The ***GUIDE*** consists of nine sections that explore the health consequences and social issues related to smoking, including why people become smokers and why it is so hard to quit. Each section is designed to be used either independently or in combination with other sections. To obtain the ***YOUTH GROUP GUIDE*** free of charge, write to: Marketing Communications Officer, Program Promotion Division, Health Promotion Directorate, Jeanne Mance Bldg., Tunney's Pasture, Ottawa, Ontario K1A 1B4.

2) Prevention programs have also been developed at the provincial and local levels. Examples of such resources currently in use in Canada are:

MAKING DECISIONS is a drug prevention program (which includes tobacco use), offered by the Alcohol-Drug Education Service of British Columbia for school-based delivery. The program consists of ten 40-60 minute sessions for grade 6 students and nine 60 minute sessions for grade 7's. The sessions provide factual information and develop life skills such as goal setting, decision making, and dealing effectively with influencers. Teachers must participate in an inservice training session prior to using the program. There is also a two hour ***PARENTS AS PREVENTORS*** seminar for parents to learn about their roles as influencers, the scope and nature of drug use by young people today, and ways in which they can reduce the risk of substance abuse. ***MAKING DECISIONS*** is currently available in english. Contact: Alcohol-Drug Education Service, #302 - 96 East Broadway, Vancouver, British Columbia V5T 1V6; Tel: 604-874-3466.

LUNGS ARE FOR LIFE SCHOOL PROGRAM is offered by the Lung Associations in Ontario. It is a comprehensive program on respiratory health and smoking prevention which includes lesson plans, audio-visual aids and hands-on activities. The program consists of four units specifically designed for different age groups. It is available in both english and french. Contact: Ontario Lung Association, 573 King Street East, Suite 201, Toronto, Ontario M5A 1M5; Tel: (416) 864-1112.

PURSUIT OF KNOWLEDGE-BOCCATO MODULE is a computer software program developed as a collaborative effort of the Ottawa Board of Education and Groupware Corporation, London, Ontario. ***BOCCATO*** (an anagram of tobacco) consists of 3 forty minute sessions and is targeted primarily for grades 4 to 6. The program uses a questions and answers format on smoking and health and related decision-making skills. The module is currently designed to be used only on Unisys Icon systems. It is available in french as ***BACAT***. Cost per work station is $52.00 (plus 8% sales tax for Ontario purchasers). Contact: Groupware Corporation, 1555 Glenora Drive, London, Ontario N5X 1V7; Tel: (519) 663-9461.

TUNING INTO HEALTH, developed by the Alcoholism Foundation of Manitoba, is a drug education program for students in grades 2 to 9 and is available in both english and french. It includes two components specific to tobacco and health. The grade 6 unit, SMOKING, consists of 7 lessons designed to emphasize the validity of a smoke-free lifestyle and to assist students in counteracting those influences which promote smoking. The junior high module, TOBACCO, provides 6 lessons that look at the health effects of tobacco use and second-hand smoke, the law and tobacco, influencers, decision-making and attitudes. Contact: Coordinator-***TUNING INTO HEALTH***, Alcoholism Foundation of Manitoba, 100 Nassau Street North, Winnipeg, Manitoba R3L 2H1; Tel: 204-944-6307.

KEEP IT CLEAN, the Waterloo Smoking Prevention Project (WSPP) is a 3 year social influences prevention program. The first year of the program is designed for sixth graders. The goals of the curriculum are twofold: to help students understand the complex environment and personal influences which encourage people to begin smoking and to help students develop the knowledge and skills necessary to identify and deal with those influences. The curriculum is presently being evaluated and is only available in English at this time. Contact: Field Manager, Waterloo Smoking Projects, University of Waterloo, Waterloo, Ontario N2L 3G1; Tel: 519-885-1211 ext. 6554.

Which organizations are key contacts for information on prevention programs and resources?

The organizations primarily involved with tobacco prevention programs can be found in the TOBACCO AND HEALTH NETWORK DIRECTORY which is produced by the National Clearinghouse on Tobacco and Health. The DIRECTORY listings include federal, provincial and territorial government health and education contacts, regional and local health units, and national, provincial and territorial non-governmental organizations such as the Interagency Councils on Smoking and Health, Canadian Cancer Societies, Heart and Stroke Foundations, Lung Associations, Home and School/Parent-Teacher Federations, and Drug Dependency Commissions. The DIRECTORY can be obtained from the Clearinghouse at a cost of $25.00 which includes binder, postage and handling (or $20.00 without binder).

Of special note is the founding of a new national voluntary organization, the Canadian Association for School Health (CASH) to promote health education programs for children and youth in concert with its member provincial/territorial Associations for School Health. For further information, contact: Ms. Arlene Burden, President, Canadian Association for School Health, c/o Vancouver School Board, 1595 West 10th Avenue, Vancouver, British Columbia V6J 1Z8; Tel: 604-731-1131.

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Children and Tobacco: Cessation Programs and Networks

What is the current status of smoking cessation programs for adolescents?

Smoking cessation programs specifically designed for adolescents have just recently emerged as a focus of concern and development for health professionals and health educators in Canada. Past efforts in this area have been few in number, mostly modifications of existing adult cessation programs, and inadequate in terms of evaluation. A number of organizations are now providing or are in the process of developing stop smoking programs for teens. These programs tend towards a group format and a school-based delivery approach. The latter normally excludes young smokers who have dropped out of school and who are particularly at risk of long-term tobacco use. Evaluation of teen programs continues to be problematic in terms of post-program tracking.

What programs are available in Canada for teen smokers who want to quit?

NO IFS, ANDS OR BUTTS is a group smoking cessation program for adolescents developed by several Associates of the Ontario Lung Association. The program consists of six sessions, each 1 to 1½ hours in length, over a four week period and is currently available in english. In addition there is a workshop option that can be incorporated into the program or used alone. The program uses a behaviour modification approach designed for groups of 10 to 20 teenage participants and is carried out under the guidance of a trained adult course leader, with assistants selected from the participants' peer group. While schools are a primary location for program delivery, community centres or any suitable place where young people gather are also recommended. Bio-monitoring equipment, audio-visual aids and hand-out material augment group discussion. Contact for the Lung Association's ***NO IFS, AND OR BUTTS***: Program Coordinator, Lung Association-Metropolitan Toronto and York Region, 573 King Street East, Suite 201, Toronto, Ontario M5A 4L3; Tel: (416) 864-1112.

FREEDOM NOW is a self-help smoking cessation program for young people aged 15 to 24 developed by the Manitoba Lung Association. The program consists of a pocket-size self-help booklet (currently available in english) that takes the participant through a seven day quitting process. An evaluation of the program conducted in 1988 showed that 10% of the sample group of 59 students were not smoking six months after using the booklet. While delivery of the program is primarily in schools, Manitoba public health nurses, community groups and individual teens have also used the booklet for teen cessation. Currently, an extensive pilot project based on the ***FREEDOM NOW*** program is being carried out at twelve high schools. The project involves a comparative evaluation of the existing self-help program, a new group program based on the ***FREEDOM NOW*** booklet, and the impact of beginning either program with a theatre production on smoking cessation ("Sharky's Challenge"). Led by a teacher with peer assistants, the new group program consists of five 45 minute sessions over a 2½ week period. Evaluation of the project will lead to further development of the Manitoba Lung program for teens who want to stop smoking. Contact for ***FREEDOM NOW***: Community Smoking Cessation Program Coordinator, Manitoba Lung Association, 629 McDermot Avenue, Winnipeg, Manitoba R3A 1P6; Tel: (204) 774-5501.

PROJECT VOGUE, developed jointly by the Eastern Ontario Health Unit and the Cornwall Interagency Council on Smoking and Health, is a smoke-free program for young females in high schools that includes both prevention and cessation components. This project currently has a two year funding base for delivery in the Eastern Ontario region. The program, available in both english and french, consists of eight group sessions over five weeks and is based on a behaviour modification approach. The sessions are normally held at lunchtime and are co-led by a public health nurse and a teen facilitator. The program is designed to be very gender-specific. It incorporates a "buddy" system and discussions include aspects of nutrition and personal appearance. Contact for ***PROJECT VOGUE***: Health Promotion Department, Eastern Ontario Health Unit, 1000 Pitt Street, Cornwall, Ontario K6J 5T1; Tel: (613) 933-1375.

KICK IT is a teen cessation program offered to schools on a limited, "request" basis by the British Columbia Lung Association. The program is an adaptation of the B. C. Lung Association's "Operation Kick It", a cessation program for adults developed in the 1970s and currently not in use. ***KICK IT*** uses both adult and teen program leaders and consists of eight group sessions over four weeks. Each session is an hour in length and centres around group discussion. Contact for ***KICK IT***: Smoking and Health Consultant, British Columbia Lung Association, 906 West Broadway, Vancouver, British Columbia V5Z 1K7; Tel: (604) 731-4961.

The Perinatal Division of Calgary Health Services are using a contractual smoking reduction program in their work with pregnant adolescents. For further information contact: Director, Perinatal Division, Calgary Health Services, P.O. Box 4016, Station C, 320-17th Avenue S.W., Calgary, Alberta T2T 5T1; Tel: (403) 228-8221. Or contact Access Network Media Resource Centre to obtain the video "Lifestyle Choices: Your Health, Baby's Health" (available in english only) which includes a demonstration of this approach. (Cost of video and its accompanying discussion guide: $24.75 in Alberta and $287.50 elsewhere in Canada): 295 Midpark Way South East, Calgary, Alberta T2X 2A8; Tel: (403) 256-1100.

What about teen cessation programs that are still in the development stages?

The Nova Scotia Lung Association is developing a new smoking cessation program for teens that will consist of a self-help book, a self-help computer diskette, and group sessions over a two week period. The program will be peer directed and is expected to be finalized by the spring of 1990. The program will be offered in english initially; translation into french would depend on demand and related considerations.

The Manitoba Lung Association is planning to expand their teen cessation program by adapting versions of ***FREEDOM NOW*** to different grade levels and by adding optional activities to augment the core program.

A pilot smoking cessation program for pregnant teenagers is being developed in Saskatchewan as a collaborative effort of four health organizations. The program will be based largely on the results of surveys of pregnant teenage smokers. Contact: Saskatchewan Institute of Applied Science and Technology, Box 556 Regina, Saskatchewan S4P 3A3; Tel: (306) 787-1374.

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Children and Tobacco: The Kids Market

Are tobacco companies marketing to children?

The tobacco industry claims that it is not interested in getting children to start smoking. The validity of this claim must be assessed in light of the industry's statements that advertising does not affect sales, secondhand smoke is not a health hazard, tobacco does not cause disease and tobacco products are good for the economy. Since the tobacco industry has a track record of initiating costly legal proceedings against those who accuse it of being actively involved in recruiting children, this fact sheet will not make such an accusation. Instead we will focus on some facts and let readers draw their own conclusions.

How profitable are tobacco products?

Tobacco is an amazingly profitable product. This profitability is no doubt based on the fact that the product is cheap to produce, highly addictive, and controlled by a very small number of companies. For example Canada's largest tobacco company had operating earnings for 1988 that represented a return on invested capital of over 60%. It is this phenomenal cash generating capacity that allows tobacco companies to buy so many other companies (Kraft, General Foods, Nabisco, Canada Trust, Shoppers Drug Mart etc.) and explains why tobacco companies will use such vigour in defending their markets.

Is there a kids market?

A poll done for Health and Welfare Canada by the Gallup organization, entitled Young People in Canada 1986 indicated that among the 19.5% of 12 to 17 year olds who admitted to smoking, the average self-reported per capita cigarette consumption was just under 14 cigarettes per day. This worked out to over two billion cigarettes being smoked by over 425,000 12 to 17 year olds, representing sales of over $260 million that year. The 1989 Report on Teen Cessation in Canada (Health and Welfare Canada) gives similar, current estimates of 500,000 young smokers ages 13 to 19 (20% of Canadian teens).

At what age are kids becoming "hooked"?

The Young People in Canada 1986 survey also showed that 93.6% of respondents who first tried smoking did so by age 16. Furthermore three quarters of all those surveyed who admitted smoking said they were regular smokers before the age of 17. The Canadian Council on Smoking and Health has reported that the average starting age has dropped from 16 to 12 in the past 20 years. In fact, it is estimated that by age 12, one half of Canadian school children have experimented with tobacco.

What is the size of the kids market?

The size of the tobacco market among adolescents is almost certain to be greatly underestimated since there is a tendency to under-report cigarette consumption in that age group. An article in the April 1989 issue of the Addiction Research Foundation's publication The Journal estimates that the rate of smoking among 15 year olds is, in reality, approximately 33%.

In which market segment does the future of the tobacco industry lie?

The massive market for selling tobacco to kids is only part of the story. A child who currently smokes a couple of cigarettes a day may be smoking a couple of packs per day a few years from now. Since few Canadians start smoking after the age of 18, the tobacco industry must have its new recruits from the under 18 market segment or risk going out of a very profitable business a generation later.

How is the tobacco industry responding to concern about the child and adolescent market?

When former Minister of Health Jake Epp announced that he intended to bring forward legislation aimed at updating the antiquated 1908 Federal law restricting tobacco sales to minors, the tobacco industry reacted predictably: they did not endorse his proposal. Instead the industry spent several hundred thousand dollars funding a program for retail stores to post colourful decals announcing that tobacco would not be sold to children. This program seemed more intent on preventing effective legislation than preventing sales of tobacco to minors. Canadian health groups immediately identified the campaign as modelled after one in Britain that was developed by the tobacco lobby in that country a few years ago and found to be totally ineffective in reducing tobacco sales to minors. In fact health promoters in the U.K. believe the campaign may actually be designed to increase tobacco sales among children by reinforcing the image that smoking is an adult activity, visibly portraying tobacco products as the "forbidden but accessible fruit".

What can we conclude?

Does the industry market its product to children? In the words of Norbert de la Porte, Vice-President of Marketing and Sales for Douwe Egberts Tobacco Company, the market leader in Holland: "You can't change the habits of those past 35... you need to get the inflow as a starting base. Get them at ages 15 to 25 and you've got them for good". (Tobacco Reporter, December 1987).

We know that Philip Morris paid $42,500 (U.S.) to have Lois Lane chain-smoke Marlboros in "Superman II" and $350,000 (U.S.) to have Lark cigarettes featured in the James Bond movie "Licence to Kill"; Lucky Strike and Camel cigarettes are prominent in the children's film "Who Framed Roger Rabbit". We also know that "kiddie-packs" of 15 cigarettes are more affordable to young people, that the industry's aggressive promotion of sports and cultural events and their efforts to "present the cigarette as one of the few initiations into the adult world...as part of the illicit pleasure category of products" (subpoenaed industry document by the U.S. Federal Trade Commission) have ensured a continued uptake of tobacco products by successive generations. Since adult smokers quit (or die) and children start, a most critical fact concerning tobacco is that the children's market is essential for the future viability of the tobacco industry in Canada.

The National Clearinghouse on Tobacco and Health is administered by the Canadian Council on Smoking and Health and funded by Alberta Health, British Columbia Ministry of Health, Manitoba Health, New Brunswick Department of Health and Community Services, Newfoundland Department of Health, North West Territories Department of Health, Prince Edward Island Department of Health and Social Services, Gouvernement du Québec-Ministère de la Santé et des Services sociaux, Saskatchewan Health, Health and Welfare Canada, Canadian Cancer Society, Canadian Lung Association, Canadian Medical Association, Canadian Public Health Association, Heart and Stroke Foundation of Canada, Physicians for a Smoke-Free Canada.

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Children and Tobacco: Legislation in Canada - The Current Status

What federal legislation is currently in place to prevent tobacco sales to minors?

The Tobacco Restraint Act, passed in 1908, prohibits the direct or indirect selling, giving or furnishing of cigarettes or cigarette papers to anyone under the age of 16, whether for the child's use or not. The same act prohibits the direct or indirect, selling, giving or furnishing of any tobacco ***other than cigarettes*** to anyone under the age of 16 when it is known or there is reason to believe the tobacco is for the use of the youth. Maximum penalties are $10 on a first offence, $25 on a second offence, and $100 on third and subsequent offences.

Do provinces have legal jurisdiction to protect children from tobacco products?

While provinces have constitutional authority to adopt laws to prohibit tobacco sales to minors in the same manner as the federal Parliament has done, only Saskatchewan, Manitoba, Ontario, New Brunswick, and Newfoundland presently have laws on the books. In these provinces, retailers must obey both federal and provincial laws.

Saskatchewan: The Minors Tobacco Act prohibits the direct or indirect selling, giving or furnishing of tobacco to a person under 16 unless the youth has a note from a parent or guardian. The Act only applies in cities, towns and villages. The penalty is a fine between $1 and $10, or ten days imprisonment, or both.

Manitoba: The Act to Protect the Health of Non-Smokers prohibits retailers from knowingly selling or giving any tobacco product to a person under the age of 18. Penalties are up to a maximum of $1,000 on a first offence and a maximum of $5,000 for subsequent offences.

Ontario: The Minors' Protection Act prohibits the direct or indirect selling, giving or furnishing of tobacco to a person under 18 unless the youth has a note from a parent or guardian. The maximum penalty is a fine of not less than $50 and not more than $500 for individuals, while for corporations the minimum fine is $200 and the maximum is $25,000.

New Brunswick: The Act Respecting the Use of Tobacco by Minors prohibits the direct or indirect selling, giving or furnishing of tobacco to a person under 18 unless the youth has a note from a parent or guardian. The penalty is a fine between $10 and $40, or up to 30 days imprisonment or both.

Newfoundland: Section 37 of the Child Welfare Act prohibits the selling or giving of tobacco or cigarette papers to an unmarried child actually or apparently under the age of sixteen. The penalty is a fine not exceeding $200 or in default of payment, imprisonment not exceeding two months, or both.

What about tobacco vending machines?

The federal Tobacco Restraint Act allows a judge to issue orders if she/he is satisfied that the vending machine is being used by persons under 16. The judge may order the person on whose premises a machine is kept to take specified precautions to ensure that persons under 16 do not use the machine, or, alternatively the judge may order that the machine be removed.

The owner of a vending machine from which tobacco is obtained by a minor could probably be convicted under the federal or provincial laws which prohibit the sale of tobacco to minors. At least eight Ontario municipalities, covering 32.4% of the provincial population, require these machines to be located in full view and under the direct supervision of the proprietor or his/her employees at all times.

While a number of provinces/territories require retailers to obtain a tobacco licence as part of their tobacco taxation systems, and at least 24 Ontario municipalities require retailers to obtain a tobacco licence, only a few municipalities have started to consider using licensing to control tobacco sales to minors.

Are minors liable for procuring or using tobacco products?

The federal Tobacco Restraint Act prohibits persons under 16 from:

- Smoking or chewing tobacco in a public place
- Purchasing or possessing cigarettes, or cigarette papers whether for her/his own use or not
- Purchasing or possessing tobacco, for her/his own use, in any form other than cigarettes

Penalties for the youth are a reprimand on a first offence, a fine of up to $1 on a second offence, and a fine of up to $4 on third and subsequent offences.

The Saskatchewan Minors' Tobacco Act prohibits persons under 16 from procuring or permitting the sale, disposal, giving, or delivery of tobacco to him or herself.

The Newfoundland Child Welfare Act enables a judge, who is satisfied that there are reasonable and probable grounds for believing an unmarried child actually or apparently under the age of 16 is in possession of tobacco, to issue a warrant to authorize a police officer, teacher or social worker to take that child to his/her home or to a receiving home for the purpose of searching the clothing of the child. If any tobacco is found, it shall be disposed of as the Director of Child Welfare may order.

But are these laws being enforced?

The large numbers of young people who smoke clearly demonstrate how ineffective existing laws are at curbing the access of tobacco products to minors. Present legislation largely provides no economic incentive or deterrence for retailers or youths to obey the law. Current laws are rarely enforced. In January 1989, a Toronto Shoppers Drug Mart was fined $25 for selling tobacco to minors in a case brought to provincial court by law students with the intent of demonstrating the inadequacies of existing laws. There have been a small number of other convictions, but only insignificant fines have been imposed.

Many groups across the country have conducted surveys that send children into stores to test compliance with tobacco restraint laws. Most surveys find that 75%-100% of stores will sell cigarettes to minors, even to children as young as 12.

Is smoking in schools being addressed effectively?

Some municipalities (eg. Peterborough and Kingston), school boards and/or individual schools have prohibited students from smoking on school property. Other boards and schools have no restrictions on smoking or permit smoking in designated areas, even though it is illegal for many students to possess or use tobacco.

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Children and Tobacco: Legislation in Canada - What's Needed

What would be the components of effective legislation to protect children from tobacco products?

Penalties: Tobacco retailers must have an economic incentive to obey the law. Maximum fines for selling tobacco to minors must be increased sufficiently to achieve the intent of the legislation. Furthermore, retailers should be required by law to have a tobacco licence; they would then face significant penalties in the same way that a restaurant could lose its liquor licence if it sells alcohol to minors. The revocation of a tobacco licence would be most effective as part of a provincial tobacco licensing system.

Vending Machines: Tobacco vending machines should be completely prohibited, as is the case in Hong Kong, Iceland and Cyprus. Alternatively, their location should be restricted to areas inaccessible to minors, such as bars.

Age: The minimum legal age for access to tobacco products should be raised to 19 (from 16 across Canada, 18 in Ontario and New Brunswick) in order to entirely eliminate tobacco use by teens in the high schools. The fact that few people begin to smoke after age 18 makes this an important legal position. At the present time, the minimum drinking age is 19 in all provinces and territories except Québec, Manitoba and Alberta where it is 18.

Tobacco Paraphernalia: In addition to prohibiting the selling, giving or furnishing of tobacco to minors, a new law should similarly prohibit the sale of tobacco paraphernalia such as cigarette papers, tubes, makers and holders, as well as pipes and similar items to minors.

Enforcement: Unless retailers know that a law will be enforced and that they may be prosecuted under it, compliance with a new law will still be minimal. Governments must allocate adequate human and financial resources to ensure laws are properly enforced.

As part of an enforcement effort, governments should undertake a major information campaign directed at retailers to ensure that there is full knowledge of the provisions of a new law.

Signs: Retailers should be required to post a sign visible from each cash register indicating that photo identification is required for tobacco purchases. A sign makes it easier for a retailer to refuse a sale. The content and design of signs should be prescribed by the government.

Smoking and Schools: All elementary and secondary students should be prohibited from using or possessing tobacco on school grounds, on school buses and during school-sponsored activities. The school environment must be addressed because of the importance of peer pressure and negative role modelling in the onset of smoking.

Imitation Tobacco Products: Candy cigarettes and other imitation tobacco products should be banned since such products may entice children to use tobacco.

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Children and Tobacco: Prevention Through Taxation

Does the price of tobacco affect tobacco consumption?

Yes. Tobacco sales are affected by changes in price like most other consumer products: if prices go down then sales go up, and when prices are increased, tobacco sales decrease. Because tobacco is addictive, the overall decrease in sales caused by higher prices may not be as great as it otherwise could be. However, if the price of tobacco does not increase with people's income, then more tobacco is purchased. A 10 % increase in people's income relative to the price of tobacco will normally increase consumption by 3.5%. On the other hand, a 54% price increase in New Zealand in 1986 resulted in a 26% drop in consumption in less than 7 months.

Is this also true for children?

Yes, even more so. Young people are more sensitive than adults to tobacco prices because they have lower disposable income to begin with and their addiction is less established. The effect of higher prices on youth also tends to be more absolute: it plays a major role in whether children will or will not smoke, as compared to adult smokers who may only cut down instead of quitting. Even if children experiment with more expensive tobacco products, they will normally not become regular users and will therefore avoid becoming addicted while still young. Studies have shown that very few people begin to smoke after the age of 18.

Does this mean that higher tobacco taxes prevent tobacco use by children?

Yes. Raising tobacco taxes not only causes smokers to quit, but it causes ex-smokers to stay that way and causes children not to start. For each 10% increase in tobacco taxes you can expect a 14% decrease in consumption among youth. But the same 10% increase also results in a 12% drop in the number of children who would have otherwise started. The combined effect of a 14% drop in youth consumption and a 12% drop in new recruits is quite considerable. Six million cigarettes are smoked every day by young Canadians between the ages of 12 and 17. Increasing tobacco taxes is one of the most cost-effective, and most powerful measures to curtail and to prevent tobacco use among children.

Is tobacco taxation the answer to the children and tobacco problem?

The key to decreasing tobacco consumption in Canada is to prevent young people from ever starting. And few measures are as effective as large and frequent tobacco tax increases. However, even though taxation is a powerful cost-effective tool, it is not the only one needed for a successful comprehensive approach to prevent tobacco use among children. Smoke-free environments, health education and restricted access are a few examples of other equally important measures. Nevertheless, without a sound fiscal policy ensuring high tobacco prices, tobacco control programs will be seriously undermined.

Are there any arguments against using taxation to prevent tobacco use?

Well, wouldn't higher tobacco taxes be regressive and hurt the poor? A study conducted in Great Britain found that poorer people are much more likely to reduce tobacco consumption in response to price increases. Furthermore, by not increasing tobacco prices, the poor, especially the young, are more likely to start smoking, which simply worsens their disadvantaged situation. And since tobacco taxes generate significant increases in government revenues over the short and midterm, higher taxes combined with better health education and social assistance programs is a sound prevention approach. In fact, public opinion polls show strong public support for this approach from both smokers and non-smokers.

Can we conclude, then, that taxation is an integral component of an effective strategy to reduce and prevent tobacco use by children?

The fiscal component of a comprehensive approach to reduce and prevent tobacco use includes significant tobacco tax increases on all tobacco products at the federal and provincial levels. The capacity for governments to simultaneously increase revenues and greatly enhance public health has made tobacco taxation a particularly important and necessary measure for a future generation of non-smokers.

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Children and Tobacco: International Legislative Action

What other countries prohibit sales of tobacco to minors?

In Europe, 7 of 29 nations prohibit cigarette sales to young people: Austria, Finland, Iceland, Ireland, Norway, Spain and the United Kingdom.

In the United States, all but seven states prohibit cigarette sales to young people (Kentucky, Louisiana, Missouri, Montana, New Mexico, South Dakota and Wyoming are the exceptions.) Of the 54 states and jurisdictions (including District of Columbia) that have laws in this regard, the minimum legal age for access is 16 in 6 cases, 17 in 4 cases, 18 in 41 cases, and 19 in 3 cases.

Australia (via state legislation) and New Zealand prohibit the sale of cigarettes to persons under 16. Japan prohibits the sale of tobacco to a person under 20 when it is for the minor's own use; moreover parents or those in control of minors are legally obliged to restrain them from smoking.

What are the penalties for illegal sales to minors?

Penalties around the world for illegal sales to minors are generally low and inadequate.

The American states with the highest penalties include: Kansas ($500 to $2500 Cdn); Hawaii ($100 to $1000 Cdn); Nevada, North Carolina, Tennessee and Wisconsin (maximum fine $500 Cdn). At least 12 U.S. states have penalties that include possible jail terms.

In the United Kingdom, the maximum penalty is £400 (approximately $880 Cdn). In Australia, the penalties range from $4 to $1000 Cdn.

In at least 23 U.S. states, tobacco retailers must obtain a government licence in order to sell tobacco. While this licensing requirement is mainly for the purpose of tax collection, Wisconsin, Nebraska and Tennessee provide that a tobacco licence can be revoked for one or more convictions of selling tobacco to minors. In the state of New South Wales, Australia, retailers can also have their licence revoked if convicted of selling tobacco to minors.

Are there any controls on vending machines?

Complete bans on vending machines are found in Hong Kong, Iceland and Cyprus.

In the United States, many states require that a licence be obtained from the government before tobacco can be sold from a vending machine.

In Idaho and Utah, machines cannot be accessible to minors. In Maine, the machine must be in a location supervised by adults. In Alaska, it is an offence to maintain a machine that is unsupervised or that is accessible to minors.

But are these laws enforced?

Enforcement of laws prohibiting the sale of tobacco to minors is crucial if there is to be a meaningful reduction in access of tobacco by minors. However, almost everywhere in the world where there are laws, it appears that there is no effective effort to have those laws enforced:

- In all of England and Wales, there are usually less than 10 prosecutions in a year.
- There have been no known prosecutions in all of Australia in the last ten years.
- In the United States, there is no evidence of significant enforcement in any state.

Smoking in schools: are other countries concerned?

In Europe, 13 countries have some kind of legislated restrictions controlling smoking in schools and/or places where young people frequent (Belgium, France, West Germany, Iceland, Ireland, Israel, Italy, Norway, Poland, Portugal, Romania, Spain and Sweden).

In the United States, 13 states and the District of Columbia restrict smoking on school property through state-wide legislation. Of these, 11 states prohibit smoking by students on school property but permit designated smoking areas for teachers. The state of Kansas bans tobacco use by both students and faculty on school property at all times. The state of Utah prohibits tobacco use by anyone on school property with the exception that teachers can smoke in designated smoking areas during non-school hours.

Of the U.S. states that have prohibited smoking by students on school property, the majority have done so since 1986. This demonstrates an increasing realization of the importance of addressing the use of tobacco in the school environment.

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